

**LUMP SUM ANNUAL/COMPENSATORY/PTO LEAVE PAYOUT FORM**  
***For Deposit into the County's 457 Deferred Compensation Plan (Fidelity)***

***Complete this form and return it to:***  
**Fidelity, Attn: Jason Su, 15th Floor EOB,**  
**101 Monroe Street, Rockville, MD 20850**

Please print or type the following information:

Name		Date of Birth
Address		Social Security Number  _____ - _____ - _____
City	State, Zip Code	
Home Telephone  (        ) -	Office Telephone  (        ) -	

I elect to have \$ \_\_\_\_\_ (indicate dollars and not hours of leave) of my Lump Sum Annual/Compensatory/PTO Leave deposited into my Montgomery County Deferred Compensation Plan account from my \_\_\_\_\_ final leave pay out check.  
(DATE)

I understand that the amount I have elected cannot exceed the total number of dollars allowed under Federal Law. I further understand that any funds not able to be deposited into my Montgomery County Deferred Compensation Plan account will be direct deposited, if authorized, or a check will be sent to my address of record. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission.

**I agree to the terms of the Montgomery County Deferred Compensation Plan. I acknowledge that I have received and reviewed a prospectus for the mutual funds in which I am investing and that I understand the potential risks associated with these investments.**

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: This allocation will not affect any current or future investment elections. If you wish to make changes to current or future investment elections, you will need to call 1-800-343-0860.